

Income Verification Request or Refusal of Income Verification

Date: _____

Parent's Name(s): _____

Address: _____

Phone Number: (_____) _____

Child's Name: _____

Child's CBIS Number (*Please ask your service coordinator if you do not know this*): _____

Check the box that applies to you and follow the directions:

- ☐ I want my/our income verified for the First Steps Family Share by the First Steps central office and attach the following information:
1. Number of members in the household _____
 2. Copy of the latest 1040, 1040A, 1040EZ tax return or most recent four (4) consecutive pay stubs that state my/our annual adjusted gross income.

OR

- ☐ I am refusing to have my/our income verified. I understand that I will be assessed \$100/month Family Share for refusing to have my/our income verified.

Signed: _____

Relationship to Child: _____

Send form and attachments to: Family Share Administrator, Department for Public Health, Adult and Child Health Improvement - First Steps, 275 E. Main Street - HS 2WC, Frankfort, KY 40621.

For Office Use Only

Date Received: _____ Processed by: _____

Family Share Category: _____ cc: CBIS